

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008126

318

1003

2337

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 7 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Marys Infirmary

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2516 N. Whitter

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARRY

JAMES

GREEN SR.

4. DATE  
OF  
DEATH

Month

Day

Year

2-25-62

## 5. SEX

MALE

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

12-1-88

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Postal Clerk Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

U.S. Post Office

## 11. BIRTHPLACE (City and state or country)

Tennessee

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

UNKNOWN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

Olivia M. Green Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Charles Green 2516 N. Whitter

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hypostatic Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Left Ventricular Failure

2 wks

## DUE TO (c)

Generalized Arteriosclerosis

Several mo.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

332x

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month; Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1-15-62 to 2-25-62

last saw him alive on 2-25-62

## Death occurred at

1/6 2:50 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Degree or title

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-1-62

## 23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis City, Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Gordon-English

1123 N. Taylor

## 25. DATE RECD. BY LOCAL REG.

FEB 27 1962

## 26. REGISTRAR'S SIGNATURE

Ead Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.